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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	09/827,807 09625873
Filing Date	April 6, 2001
First Named Inventor	Frank Effenberger et al
Group Art Unit	2633
Examiner Name	David S. Kim
Attorney Docket Number	BCS03336

ENCLOSURES

(check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Replacement Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input checked="" type="checkbox"/> Request for Reconsideration of Petition to Revive		<input type="checkbox"/> Copy of Notice to File Missing Parts ISSUE FEE
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	Remarks	Change of Correspondence Address

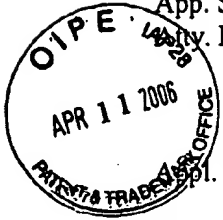
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Lawrence T. Cullen	Registration No.	44,489
Signature			
Date	4/6/06		

CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

Typed or printed name	Gwen L. Bredow
Signature	
Date	4/6/06



App. Ser. No.: 09/625,873
Atty. Doc. No.: BCS03336 (CX099034)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

App. No.: 09/625,873
Inventor: Robert Wallace
Filing Date: July 26, 2000
Title: High Availability Mechanism in a Cable Environment
Examiner: Sheleheda, James R.
Art Unit: 2617
Atty. Docket No.: BCS03336 (CX099034)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF REPLACEMENT DRAWINGS

Please replace the drawings with the enclosed set of drawings.

CONCLUSION

The Office is authorized to charge any additional fees or underpayments of fees (including fees for petitions for extensions of time) under 37 C.F.R. 1.16 and 1.17 to account number 502117. Any overpayments should be credited to the same account.

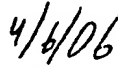
The Applicant's representative can be reached at the below telephone number if the Examiner has any questions.

Respectfully submitted,

Robert Wallace



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